

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						31								
2		1					32								
3							33								
4	1						34								
5		1					35								
6							36								
7	1						37								
8	1						38								
9		1					39								
10							40								
11		1					41								
12							42								
13		1					43								
14							44								
15		1					45								
16							46								
17	1						47								
18		1					48								
19	1						49								
20							50								
21	1														
22															
23	1														
24															
25		1													
26		1													
27		2													
28		2													
29	1														
30	1	1													
31															
32		1													
33		2													
34		2													
35	1														
36	1														
37		1													
38		1													
39		2													
40		6													
41	1														
42	1														
43	1														
44		9													
45		9													
46		9													
47															
48															
49															
50															
TOTAL IND.							TOTAL IND.	18							
TOTAL DEP.							TOTAL DEP.	62							
TOTAL CLAIMS							TOTAL CLAIMS	80							